

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

379

Primary Registration District No.

4553

Registrar's No.

421

63-031148

FILED AUG 5 1963

1. PLACE OF DEATH

a. COUNTY

WRIGHT

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

MANSFIELD

Length of stay in lb

27 YRS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

MANSFIELD Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

WRIGHT

c. CITY OR TOWN

MANSFIELD

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Zoley

Middle

Smith

Last

4. DATE OF DEATH

July 24 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-17-1879

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

MARSHALL ARK.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Porter Hensley

13b. MOTHER'S MAIDEN NAME

Helen SNOW

14. NAME OF HUSBAND OR WIFE

GRANVILLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

—

17. INFORMANT

Ruth Wheeler MANSFIELD Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Hypertensive Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

24-48 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebrovascular thrombosis

5 or 6 days

DUE TO (c)

Senile Circulatory Degeneration

10-12 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 17, 1963 to July 24, 1963 and last saw her alive on July 24, 1963. Death occurred at 7:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James L. Johnson M.D.

22b. ADDRESS

Mansfield, Mo.

22c. DATE SIGNED

7/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

July 28, 1963

23c. NAME OF CEMETERY OR CREMATORY

Newton

23d. LOCATION (City, town, or county)

WRIGHT County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Max L. Miller Mansfield Mo.

25. DATE RECD. BY LOCAL REG.

8-2-63

26. REGISTRAR'S SIGNATURE

Sam Runking

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 1140  
2 1140  
3 2  
4 1  
5 2  
6  
7 1  
8 0  
9 332X  
10  
11  
12 1-2  
13 30

DATE AMENDED

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.